2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2005
Secretary of State

DOCUMENT# N26841

Entity Name: FLORIDA PSYCHOANALYTIC INSTITUTE, INC.

Current Principal Place of Business:

420 S DIXIE HIGHWAY
#2-F
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

420 S DIXIE HIGHWAY
#2-F
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 65-0141716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CONNOR, JULIE B
ADMINISTRATOR
420 S DIXIE HWY 2-F
CORAL GABLES, FL 33141 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOWNSEND, DANN O
Address: 4550 SW 74TH ST
City-St-Zip: MIAMI, FL 33143

Title: D ( ) Delete
Name: SHAW, JON A
Address: 2532 LAKE AVE
City-St-Zip: MIAMI, FL 33133

Title: D ( ) Delete
Name: HUTSON, PEGGY B
Address: 3170 MUNROE DRIVE
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DANN, TOWNSEND O DR,.
Address: 4550 SW 74TH ST
City-St-Zip: MIAMI, FL 33143

Title: D (X) Change ( ) Addition
Name: MARGOSHES, GAIL DR.
Address: 3305 SW 17TH ST.
City-St-Zip: COCONUT GROVE, FL 33133

Title: D (X) Change ( ) Addition
Name: HUTSON, PEGGY B DR.
Address: 3170 MUNROE DRIVE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: O.TOWNSEND DANN, M.D. D 01/11/2005

Electronic Signature of Signing Officer or Director — Date